

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Solomon Stalowski	<i>Solomon Stalowski</i>	Street: 5402 Root River Dr. City: Greendale Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village greendale <input type="checkbox"/> City	1/11/2012 (Month) (Day) (Year)
2. Vicky Calderon	<i>Vicky Calderon</i>	Street: 2174 S 32nd St City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)
3. Brandy Bevilacqua	<i>Brandy Bevilacqua</i>	Street: 2340 W. Kimberly Ave. City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)
4. CHERYL SHAW Cheryl Shaw	<i>Cheryl Shaw</i>	Street: 7845 N. 46th St. City: BROWN DEER Zip: 53223	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BROWN DEER	1/11/2012 (Month) (Day) (Year)
5. Michael L. Kuba	<i>Michael Kuba</i>	Street: 6965 S. Rolling Meadows St City: DAK CREEK Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City DAK CREEK	1/11/2012 (Month) (Day) (Year)
6. HEIDI J BEAUDOIN	<i>Heidi J Beaudoin</i>	Street: 3400 S. CHASE AVE City: MILWAUKEE WI Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/11/2012 (Month) (Day) (Year)
7. Brittany Stimma	<i>Brittany Stimma</i>	Street: 4813 S 6th St City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, LINDA FRIBERG, (certify): I reside at 4112 West Acre Ave Franklin, WI 53132
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 12 / 2012
(Month) (Day) (Year)

Linda Friberg
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please
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SCOTT WALKER RECALL PETITION

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1. BARNEY LAWSON	[Signature]	Street: 1728 W Milwaukee City: Wauwatosa Zip: 53224	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
2. Luis Hernandez	[Signature]	Street: 2204 S. 34 St City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
3. Tim Harris	[Signature]	Street: W235 S7755 Vernon Hills Dr City: Big Bend WI Zip: 53103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Vernon	12/31/2011 (Month) (Day) (Year)
4. Donnamarie Kiefer	[Signature]	Street: W195 S7695 Westlyn Dr City: Muskego WI Zip: 53150	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Muskego	12/31/2011 (Month) (Day) (Year)
5. Jan Erben	[Signature]	Street: W305 S7992 S/12 Dr City: Mukwonago, WI Zip: 53149	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mukwonago	12/31/2011 (Month) (Day) (Year)
6. Suzanne Ellinger	[Signature]	Street: W227 S10580 River City: Big Bend Zip: 53103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City VERNON	12/31/2011 (Month) (Day) (Year)
7. Joseph Hendricks	[Signature]	Street: W191 S6955 Rossmore Ct City: Muskego Zip: 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	12/31/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Devonna Jog, (certify): I reside at 398 W 214th Parker Dr. Muskego WI 53150
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
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Devonna Jog
(Signature of Circulator)

Page No. (Official Use Only)

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Return to
Committee
PO Box 2
Madison,

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1. THOMAS R. TALASKA	<i>Thomas R. Talaska</i>	Street: 3941 W. DENIS AV. City: GREENFIELD Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City GREENFIELD	1/10/2012 (Month) (Day) (Year)
2. Robert M. Paprocki	<i>Robert M. Paprocki</i>	Street: 6125 Thornridge Lane City: Greendale Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greendale	1/20/2012 (Month) (Day) (Year)
3. Patricia Enriquez	<i>Patricia Enriquez</i>	Street: 5822 Winstar Ln City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	1/10/2012 (Month) (Day) (Year)
4. Aquine Jackson	<i>Aquine Jackson</i>	Street: 2406 W. Clayton Crest City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)
5. SHARON RADKE	<i>Sharon M. Radke</i>	Street: 2137 W COLLEGE AVE #611 City: OAK CREEK Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OAK CREEK	1/10/2012 (Month) (Day) (Year)
6. MARK RADKE	<i>Mark Radke</i>	Street: 2137 W COLLEGE AVE #611 City: OAK CREEK Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OAK CREEK	1/20/2012 (Month) (Day) (Year)
7. TERRY R. RASZETA	<i>Terry R. Raszeta</i>	Street: 5220 RAVEN DR. City: GREENDALE Zip: 53129	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City GREENDALE	1/11/2012 (Month) (Day) (Year)
8. CHRISTINE WICHMAN	<i>Christine Wichman</i>	Street: 8372 SO VERDE DR City: OAK CREEK WI Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OAK CREEK	1/11/2012 (Month) (Day) (Year)
9. ALLEN PARKER	<i>Allen Parker</i>	Street: 6164 S. 37th ST City: GREENFIELD Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City GREENFIELD	1/11/2012 (Month) (Day) (Year)
10. Helena Schlaus	<i>Helena Schlaus</i>	Street: 3242 W. Skamra Ave. 53132 City: FRANKLIN Zip: 7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/11/2012 (Month) (Day) (Year)

CONTACT
Email
Phone 414 42
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Phone 414-42
Email pattiee
Phone 414 74
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Phone 414, 333
Email
Phone (414) 57
Email
Phone (414) 57
Email CARASZE
Phone (414) 42
Email
Phone (414) 764
Email
Phone (414) 42
Email Hanna @ W
Phone (414) 764

Certification of Circulator

I, LINDA FRIBERG, (certify): I reside at 4112 W. Acre Ave Franklin, WI 53132
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

1/11/2012
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Linda Friberg
(Signature of Circulator)

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Circulators, please include

Phone 414
Email

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Return to
Committee
PO Box 2
Madison, WI 53702

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1. Timothy F. Brown	<i>Timothy Brown</i>	Street: 5971 50 32 St City: Greenfield Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	1/10/2012 (Month) (Day) (Year)	Email Phone (414) 755
2. Ambrose Siers	<i>Ambrose Siers</i>	Street: 3626 W. Rawson Ave City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/10/2012 (Month) (Day) (Year)	Email Phone (414) 42
3. CAROL DARDIS	<i>Carol Dardis</i>	Street: 6506 S. 20 St City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)	Email Phone (414) 76
4. Kimberly Wilk	<i>Kimberly Wilk</i>	Street: 6218 S. 27th St. City: Milwaukee WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)	Email Phone (414) 38
5. MAREN ROSEMARY MAREN	<i>Rosemary Maren</i>	Street: 10315 S. Katie Dr City: Oak Creek Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oak Creek	1/11/2012 (Month) (Day) (Year)	Email Phone (414) 76
6. Ken Maren	<i>Ken Maren</i>	Street: 10315 S. Katie Dr. City: Oak Creek Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oak Creek	1/12/2012 (Month) (Day) (Year)	Email Phone (414) 76
7. Susanne Falghum	<i>Susanne Falghum</i>	Street: 2237 S. Woodward St City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)	Email Phone ()
8. Diana Guzman	<i>Diana Guzman</i>	Street: 10385 29th St. City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/11/2012 (Month) (Day) (Year)	Email Phone ()
9. Rochelle Kasinski	<i>Rochelle Kasinski</i>	Street: 6505 S 20th St City: Oak Creek Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oak Creek	1/11/2012 (Month) (Day) (Year)	Email Phone (414) 55
10. SANDRA A. Nicks	<i>Sandra A. Nicks</i>	Street: 6331 S. 35th St City: Franklin WI Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/11/2012 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, LINDA FRIBERG, (certify): I reside at 4112 West Acker Ave Franklin, WI 53132
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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(Signature of Circulator)

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1. CHERYL McCann-Nies	<i>Cheryl McCann-Nies</i>	N39 W32963 HIGH HILCT Street: LASHOTA WI 53058 City: Zip:	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City LASHOTA	12/2/2011 (Month) (Day) (Year)
2. MARY GREENWOOD	<i>Mary Greenwood</i>	19900 128 th ST Street: BRISTOL Zip: 53104 City: Zip:	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BRISTOL	12/3/2011 (Month) (Day) (Year)
3. GAIL BAIN	<i>Gail Bain</i>	19900 128 th ST Street: BRISTOL Zip: 53104 City: Zip:	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BRISTOL	12/3/2011 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Heather Bain, (certify): I reside at 2887 S. 93RD ST West Allis
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Heather Bain
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. ARLENE M. LANGOWSKI	<i>Arlene M. Langowski</i>	Street: 2967 W. HILLTOP LN. City: FRANKLIN Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin CT	11/30/2011 (Month) (Day) (Year)
2. ALLISON M. LANGOWSKI	<i>Allison M. Langowski</i>	Street: 2967 W. HILLTOP LN. City: FRANKLIN Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin CT	11/30/2011 (Month) (Day) (Year)
3. SANDRA PETERS	<i>Sandra Peters</i>	Street: 6608 HEIDELBERG CIR. City: WATERFORD Zip: 53185	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WATERFORD CT	12/24/2011 (Month) (Day) (Year)
4. SARA PETERS	<i>Sara Peters</i>	Street: 6608 HEIDELBERG CIR. City: WATERFORD Zip: 53185	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WATERFORD CT	12/24/2011 (Month) (Day) (Year)
5. Lora Langowski	<i>Lora Langowski</i>	Street: 249 Terry Oak Dr City: WEST BEND WI Zip: 53090	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City West Bend CT	12/25/2011 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Craig C. Langowski, (certify): I reside at 2967 W. Hilltop Lane Franklin WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Craig C. Langowski
(Signature of Circulator)

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CONTACT

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SCOTT WALKER RECALL PETITION

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1. CHARLES X. MILLER	<i>[Signature]</i>	Street: 4522 N. TEUTONIA AVE #4 City: MILWAUKEE Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	01/07/2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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CONTACT INFORMATION
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Phone ()

I, Leah Kelly (Name of Circulator), (certify): I reside at 3047 W. Colony Dr Greenfield (Circulator's Residence - Street name and Number) Greenfield (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000407

Circulators, please include:
Phone (414)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. NATHALIE JASINSKI	<i>Nathalie Jasinski</i>	Street: 3864 S. 57th ST City: Milwaukee Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/12/2012 (Month) (Day) (Year)	Email Phone ()
2. DANIEL JASINSKI	<i>Daniel G. Jasinski</i>	Street: 3864 S. 57th ST. City: MILWAUKEE Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/12/2012 (Month) (Day) (Year)	Email Phone ()
3. ANITA BUCHHOLZ	<i>Anita Buchholz</i>	Street: 12030 Parkview Lane City: Hales Corners WI Zip: 53130	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hales Corners	1/13/2012 (Month) (Day) (Year)	Email Phone ()
4. LOIS BUCHHOLZ	<i>Lois Buchholz</i>	Street: 12030 Parkview Lane City: Hales Corners Zip: 53130	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hales Corners	1/13/2012 (Month) (Day) (Year)	Email Phone ()
5. VALERIE KUPCZAK-RIOS	<i>Valerie Kupczak-Rios</i>	Street: 5661 So 121st Street City: Hales Corners WI Zip: 53130	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hales Corners	1/13/2012 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Thomas Spehert, (certify): I reside at 8421 Midland Dr Greendale
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>ANDREW SIETTMANN</u> Sign: <u>[Signature]</u>	Street: <u>5619 S. HONEY CREEK DR.</u> City: <u>MILWAUKEE</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email <u>andrewsiettmann@gmail.com</u> Phone <u>(262) 3</u>
2. Print: <u>Lisa Siettmann</u> Sign: <u>[Signature]</u>	Street: <u>5619 S. Honey Creek Dr</u> City: <u>Milwaukee</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email <u>lisasiettmann@gmail.com</u> Phone <u>(262) 3</u>
3. Print: <u>SCOTT KWASNIEWSKI</u> Sign: <u>[Signature]</u>	Street: <u>1429A E. MORGAN AVE</u> City: <u>MILWAUKEE</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email <u>KWAZ102@gmail.com</u> Phone <u>(414) 7</u>
4. Print: <u>Amanda Kwasniewski</u> Sign: <u>[Signature]</u>	Street: <u>1429A E Morgan</u> City: <u>Milw</u> Zip: <u>53207</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email <u>glittrkr@gmail.com</u> Phone <u>(414) -</u>
5. Print: <u>Meissa Cronuck</u> Sign: <u>[Signature]</u>	Street: <u>1832 W. Aspen St.</u> City: <u>Milwaukee WI</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email <u>mjcronuck@gmail.com</u> Phone <u>(414) 1</u>

Certification of Circulator

I, Zachary Cronuck, (certify): I reside at 1832 W. Aspen St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

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Circulators,
Please include your contact

Phone
(414) 5
Email
Cronuck3@gmail.com

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Gail McCabe</u> Print: _____ Sign: <u>Gail McCabe</u>	Street: <u>2514 S. Burrell St.</u> City: <u>Milwaukee</u> Zip: <u>53207</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email _____ Phone <u>(414)</u> _____
2. <u>Daniel W McCabe</u> Print: _____ Sign: <u>Daniel W McCabe</u>	Street: <u>2514 S. Burrell St</u> City: <u>Milwaukee</u> Zip: <u>53207</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email _____ Phone <u>(414)</u> _____
3. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u> _____
4. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u> _____
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u> _____

Certification of Circulator

I, Zachary Cronick, (certify): I reside at 1832 W. Aspen St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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(Official Use Only)

Circulators,
Please include your contact

Phone (414) 5
Email _____

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Harold T Kollmann	[Signature]	Street: 1306-A 50 20TH City: Milwaukee Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/25/2011 (Month) (Day) (Year)
2. Shaniqua STRONG	[Signature]	Street: 1200 744 South 24th Street City: Milwaukee WI Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/25/2011 (Month) (Day) (Year)
3. Martrice Johnson	[Signature]	Street: 739 S. 24th St City: Milwaukee Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/25/2011 (Month) (Day) (Year)
4. Ferdinand Gaud	[Signature]	Street: 9415 28 ST City: Milw Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/25/2011 (Month) (Day) (Year)
5. Kristina Torres-III	[Signature]	Street: 330 N. 42nd ST. City: Milw Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/25/2011 (Month) (Day) (Year)
6. Gladys M. Torres	[Signature]	Street: 410 N. 42nd ST. City: Milw Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/25/2011 (Month) (Day) (Year)
7. Ismael Victor Torres III	[Signature]	Street: 1958 S. 15th Place City: Milwaukee Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/25/2011 (Month) (Day) (Year)
8. Maria T. Gaud	[Signature]	Street: 9415 28th St City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/25/2011 (Month) (Day) (Year)
9. Ferdinand Gaud Jr.	[Signature]	Street: 9415 28th St City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/25/2011 (Month) (Day) (Year)
10. Jose Serrano	[Signature]	Street: Milwaukee, WI City: 2627 W. Lapham 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/25/2011 (Month) (Day) (Year)

Certification of Circulator

I, Malgo Kutynia, (certify): I reside at 3702 S. Leno Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. GARY GRACHUK	<i>[Signature]</i>	Street: 8306 W. Oklahoma City: West Allis Zip: 53219	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/7/2012 (Month) (Day) (Year)	Email Phone ()
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Judith A. Beehler, (certify): I reside at 3215 S. Delaware Ave Milwaukee 53207
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Judith A. Beehler
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators, please
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Julie Mertz	<i>[Signature]</i>	Street: 3215A S. New York Ave City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1 / 2 / 2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Judith Beehler, (certify): I reside at 3215 S. Delaware Ave. Milwaukee 53207
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Judith A. Beehler
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Stanley L. Olson	<i>Stanley L. Olson</i>	Street: 2500 E Howard Ave City: St. Francis Zip: 53235	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/04/2011 (Month) (Day) (Year)
2. Jordan Kewin	<i>Jordan Kewin</i>	Street: 2514 S. Logan Ave City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/9/2011 (Month) (Day) (Year)
3. Angela Mowery	<i>Angela Mowery</i>	Street: 2514 S. Logan Ave City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/9/2011 (Month) (Day) (Year)
4. Victoria Simpson	<i>Victoria Simpson</i>	Street: 1247 S. 40th St. City: W. Milwaukee Zip: 53215	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)
5. Jack Kewin	<i>Jack Kewin</i>	Street: 2516 S Logan Ave City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)
6. Nicole Marchese	<i>Nicole Marchese</i>	Street: 5836 S. Hately Ave City: Cudahy Zip: 53110	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/26/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Gayle Kewin, (certify): I reside at 2514 S. Logan Ave Milwaukee
(Name of Circulator) (Circulator's Residence - Street and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
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Gayle Kewin
(Signature of Circulator)

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Circulators, please

Phone
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by
Committee
PO Box 256
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>PAUL BARBIERI</u> Sign: <u>Paul Barbieri</u>	Street: <u>1344 S. 77th Street</u> City: <u>West Allis WI</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Fraylan Pichardo Jr</u> Sign: <u>Fraylan Pichardo Jr</u>	Street: <u>2637 S. 65th St</u> City: <u>Milwaukee</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Jeannette Eiland</u> Sign: <u>Jeannette Eiland</u>	Street: <u>4672 N 38th St.</u> City: <u>Milwaukee</u> Zip: <u>53209</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

1. MARY L ACKERMAN (Printed Name of Circulator) (certify): I reside at 12665 W. Rowford Dr (Circulator's Residence - Street Name and Number) New Berlin (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

JAN 13 12012 (Month) (Day) (Year)
Mary L Ackerman (Signature of Circulator)

Page No. (Official Use Only)
000416

Circulators.
Please include your contact information.
Phone
262
Email
meac
SB

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Shatari Moody</u> Sign: <u>Shatari Moody</u>	Street: <u>4757 N. 21st</u> City: <u>Milwaukee</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email Phone <u>414</u>
2. Print: <u>Nichole Tietenbacher</u> Sign: <u>Nichole Tietenbacher</u>	Street: <u>12029 SauGalle Rd</u> City: <u>Wauwatosa</u> Zip: <u>53102</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>Isabelle Chartier</u> Sign: <u>Isabelle Chartier</u>	Street: <u>3973 S. 76th St. Apt. #4</u> City: <u>Milwaukee</u> Zip: <u>53220</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email Phone (
4. Print: <u>Amanda Volpentesta</u> Sign: <u>A. Volpentesta</u>	Street: <u>2481 S. 43rd St. #103</u> City: <u>Milwaukee</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email Phone (
5. Print: <u>Matthew Behringer</u> Sign: <u>Matthew Behringer</u>	Street: <u>1527 Jefferson St</u> City: <u>West Bend</u> Zip: <u>53090</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Bend</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email Phone (

1. MARY L. ACKERMAN (Printed Name of Circulator) (certify): I reside at 1266.5 W. Crawford Dr. New Berlin
(Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

JAN 1 13 2012
(Month) (Day) (Year)

Mary L. Ackerman
(Signature of Circulator)

Page No. (Official Use Only)
00017A

Circulators,
Please include your contact information.

Phone

Email

(262)
MLA

Return
Comm
PO Box
Madison

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONT
1. Print: <u>MARY Ellen Enea</u> Sign: <u>Mary Ellen Enea</u>	Street: <u>4835 South 82 Street</u> City: <u>Greenfield</u> Zip: <u>53220</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>GREENFIELD</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email <u>MAREC</u> Phone (<u>414</u>)
2. Print: <u>PATRICIA A. GRAZIANO</u> Sign: <u>Patricia A. Graziano</u>	Street: <u>4334 S. 114th ST.</u> City: <u>GREENFIELD</u> Zip: <u>53228</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>GREENFIELD</u> (Municipality Name)	<u>12/12/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Sandra Franciskovic (certify): I reside at 565 W 24785 Pamela Ct. Waukesha Town of Vernon
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) 53189 (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 12 / 2012
(Month) (Day) (Year)

Sandra Franciskovic
(Signature of Circulator)

Page No. (Official Use Only)
000417B

Circulators,
Please include your co
Phone
()
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee to
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Vida Shaffer	<i>Vida Shaffer</i>	Street: 17311 W. Todd Ct. City: New Berlin Zip: 53146	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEW BERLIN	12/19/2011 (Month) (Day) (Year)	Email Phone (262) 641-
2. ZORAVKO RADJENOVIC	<i>Zoravko Radjenovic</i>	Street: 3745 S 53rd St City: MILWAUKEE-WI Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	12/19/2011 (Month) (Day) (Year)	Email Phone (414) 321-
3. MARA RADJENOVIC	<i>Mara Radjenovic</i>	Street: 3745 S 53rd St City: MILWAUKEE WI Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	12/19/2011 (Month) (Day) (Year)	Email Phone (414) 321-
4. MANE NOVAKOVICH	<i>Mane Novakovich</i>	Street: 5102 W 20760 KERRY DR City: MUSKEGON Zip: 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MUSTEGON	12/19/2011 (Month) (Day) (Year)	Email Phone (414) 803-
5. ANDREW SHAFFER	<i>Andrew Shaffer</i>	Street: 17311 W. TODD CT. City: NEW BERLIN Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEW BERLIN	12/19/2011 (Month) (Day) (Year)	Email Phone (262) 510-
6. SVETLANA NOVAKOVICH	<i>Svetlana Novakovich</i>	Street: 3963 S. Packard Ave City: St. Francis Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City St Francis	12/19/2011 (Month) (Day) (Year)	Email Phone (414) 482-
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Gordana Rajak, (certify): I reside at 8790 W. Dosie Ave Greenfield, WI 53228
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 120 / 12
(Month) (Day) (Year)

Gordana Rajak
(Signature of Circulator)

Page No. (Official Use Only)

000418

Circulators, please include

Phone ()
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Nicole Weinkauf</u> Sign: <u>Nicole Weinkauf</u>	Street: <u>104450 94th</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/15/2011</u> (Month) (Day) (Year)	Email <u>nweink</u> Phone (414) 2
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()

Certification of Circulator

I, Timothy Case, (certify): I reside at 3035 N 49th St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 15 / 20 if Timothy Case
(Month) (Day) (Year) (Signature of Circulator)

000019
(Official Use Only)

Circulators.

Please include your contact

Phone
(414) 9
Email
tc 4151 @

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Wayne Case</u> Sign: <u>Wayne Case</u>	Street: <u>W5571 Briarwood Rd.</u> City: <u>Elkhorn</u> Zip: <u>53121</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sugar Creek</u> (Municipality Name)	<u>12/24/2011</u> (Month) (Day) (Year)	Email <u>case</u> Phone <u>(262)</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()

Certification of Circulator

1. Timothy Case (certify): I reside at 2025 N 49th St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 124 12011
(Month) (Day) (Year)

Timothy Case
(Signature of Circulator)

000420
(Judge's Office Use Only)

Circulators,
Please include your contact

Phone
(414) 9
Email
tc9151

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accounting Board, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article VII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee to
PO Box 250
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box number	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: Cheryl Joneth Sign: <i>[Signature]</i>	Street: 1229 E. Morgan Ave City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: Sjoneth Phone: (414) _____
2. Print: Amanda Wood Sign: <i>[Signature]</i>	Street: 2722 S. 15th Pl City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/17/2011 (Month) (Day) (Year)	Email: _____ Phone: () _____
3. Print: Bob DAGE Sign: <i>[Signature]</i>	Street: 1843 E. Hillcrest City: Milwaukee Zip: 53235	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE (Municipality Name)	11/17/2011 (Month) (Day) (Year)	Email: _____ Phone: () _____
4. Print: GUY WICKERHEIMER Sign: <i>[Signature]</i>	Street: 2106 S. 88th City: WEST ALLIS WI. Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WEST ALLIS (Municipality Name)	11/17/2011 (Month) (Day) (Year)	Email: _____ Phone: () _____
5. Print: George Haramis Sign: <i>[Signature]</i>	Street: 6010 S. 27th St City: milw., WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City milwaukee (Municipality Name)	11/18/2011 (Month) (Day) (Year)	Email: _____ Phone: (414) _____

Certification of Circulator

I, Peter M. Joneth, (certify): I reside at 1229 E. Morgan Ave Milwaukee
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012
(Month) (Day) (Year)
Peter M. Joneth
(Signature of Circulator)

Page Not for Official Use Only
051421

Circulators,
Please include your con

Phone
(414) _____
Email
[Signature]

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 250
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: Dawn M. Scheinoha Sign: Dawn M. Scheinoha	Street: 2342 S. 9th St. City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/14/2011 (Month) (Day) (Year)	Email: red@ya Phone: (414)
2. Print: Peter M. Joneth Sign: Peter M. Joneth	Street: 1229 E. Morgan Ave. City: Milw. Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: pmj2 Phone: (414)
3. Print: Dana Joneth Sign: Dana Joneth	Street: 3750A S. 14th St. City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/17/2011 (Month) (Day) (Year)	Email: open up Phone: (414)
4. Print: Sarah Joneth Sign: Sarah Joneth	Street: 1229 A east morgan ave City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/17/2011 (Month) (Day) (Year)	Email: sarah Phone: (414)
5. Print: Carlos Sanchez Jr Sign: Carlos Sanchez Jr	Street: 1229 A east morgan ave City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	11/17/2011 (Month) (Day) (Year)	Email: Cench Phone: (414)

Certification of Circulator

I, Peter M. Joneth, (certify): I reside at 1229 E. Morgan Ave. Milwaukee
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 20
(Month) (Day) (Year)
Peter M. Joneth
(Signature of Circulator)

000422
(Official Use Only)
#

Circulators,
Please include your contact information

Phone: (414)
Email: pmj2

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Russ McCammon</u> Sign: <u>Russ McCammon</u>	Street: <u>Pioneer Dr.</u> City: <u>Muskego</u> Zip: <u>53150</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Muskego</u> (Municipality Name)	<u>11/22/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>862</u>
2. Print: <u>Brandon Vinkuski</u> Sign: <u>Brandon Vinkuski</u>	Street: <u>573 L/412w woods</u> City: <u>Muskego</u> Zip: <u>53150</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Muskego</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email: _____ Phone: ()
3. Print: <u>Nick Bellanti</u> Sign: <u>Nicholas Bellanti</u>	Street: <u>820 Marion Ave</u> City: <u>So. Milw.</u> Zip: <u>53172</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/10/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>(414)</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: ()

Certification of Circulator

I, Peter M. Joneth, (certify): I reside at 1229 E. Morgan Ave. Milwaukee
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

01 / 13 / 2012 Peter M. Joneth
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
004423A
#

Circulators,
Please include your contact information

Phone: _____
(414) _____
Email: mijb

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Barb Roesch</u> Print: <u>Barb Roesch</u> Sign: <u>[Signature]</u>	Street: <u>6507 W. Wilbur</u> City: <u>Milwaukee</u> Zip: <u>53220</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year) <u>pm</u>	Email Phone ()
2. <u>Ryan P Lowell</u> Print: <u>Ryan Lowell</u> Sign: <u>[Signature]</u>	Street: <u>3750A S. 14th street</u> City: <u>Milwaukee</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/15/2011</u> (Month) (Day) (Year) <u>pm</u>	Email Phone ()
3. <u>ANDREW JONATH</u> Print: <u>Andrew Jonath</u> Sign: <u>[Signature]</u>	Street: <u>W144 S6984 Dorchester</u> City: <u>MUSKEGO WI.</u> Zip: <u>53150</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Muskego</u> (Municipality Name)	<u>12/25/2011</u> (Month) (Day) (Year) <u>pm</u>	Email Phone ()
4. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Peter M. Jonath, (certify): I reside at 1229 E. Morgan Ave
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012
(Month) (Day) (Year)

Peter M. Jonath
(Signature of Circulator)

Page No. (Official Use Only)

0004238

Circulators,
Please include your contact information

Phone

(414)

Email

pmj@...

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>JOHN D. QUINN</u> Sign: <u>John D. Quinn</u>	Street: <u>W-122 WELSCH RD.</u> City: <u>WINNECONNE</u> Zip: <u>54986</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>POY SIPPI</u> (Municipality Name)	<u>12/13/2011</u> (Month) (Day) (Year)	Email Phone <u>(920)</u>
2. Print: <u>MARY A. QUINN</u> Sign: <u>Mary A. Quinn</u>	Street: <u>W122 Welsch Rd.</u> City: <u>Winneconne</u> Zip: <u>54986</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>POY SIPPI</u> (Municipality Name)	<u>12/13/2011</u> (Month) (Day) (Year)	Email Phone <u>(920)</u>
3. Print: <u>SABRINA HENSON</u> Sign: <u>Sabrina Henson</u>	Street: <u>3459 S. 110th St.</u> City: <u>WEST ALLIS</u> Zip: <u>53227</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WEST ALLIS</u> (Municipality Name)	<u>1/1/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
4. Print: <u>ASHLEY BRUNETTE</u> Sign: <u>Ashley Brunette</u>	Street: <u>2215 S 20th St</u> City: <u>MILW</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>1/1/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

I, Peter M. Jonoth, (certify): I reside at 1229 E. Morgan Ave. Milwaukee
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012
(Month) (Day) (Year)
Peter M. Jonoth
(Signature of Circulator)

Page No. (Official Use Only)
000424

Circulators.
Please include your contact information.
Phone
(414) 7
Email
pmj@

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Morgan A. Helme</u> Sign: <u>Morgan A. Helme</u>	Street: <u>2018 E. Lake Bluff Blvd.</u> City: <u>Shorewood</u> Zip: <u>53211</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Shorewood</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email <u>morganh</u> Phone <u>(414)</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>

I, Brian D. Helme, (certify): I reside at 2018 E. Lake Bluff Blvd.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Village of Shorewood
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1, 13, 2012
(Month) (Day) (Year)
Brian D. Helme
(Signature of Circulator)

Page No. (Official Use Only)
000425

Circulators,
Please include your contact

Phone
(414) 9
Email
anderson

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee to
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: <u>MARTIN KUEBER</u> Sign: <u>[Signature]</u>	Street: <u>3422 N. HUMBOLDT BLVD</u> City: <u>MILWAUKEE, WI</u> Zip: <u>53212</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>12/09/2011</u> (Month) (Day) (Year)	Email <u>martin</u> Phone <u>(414)</u>
2. Print: <u>ILLI OLEN</u> Sign: <u>[Signature]</u>	Street: <u>134 N. 90th St</u> City: <u>Milw.</u> Zip: <u>53226</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milw.</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)	Email <u>ole</u> Phone <u>(414)</u>
3. Print: <u>Kristin Golec</u> Sign: <u>[Signature]</u>	Street: <u>5012 W Kinnickinnic Rte Phwy</u> City: <u>Milwaukee</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milw.</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)	Email <u>Ksanc</u> Phone <u>(414)</u>
4. Print: <u>Rebecca Pelzek</u> Sign: <u>Rebecca Pelzek</u>	Street: <u>6312 S. 20th Street</u> City: <u>Milwaukee</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milw.</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)	Email <u>rrahoe</u> Phone <u>(414)</u>
5. Print: <u>JASON R. GOLEC</u> Sign: <u>[Signature]</u>	Street: <u>5012 W. KINNICKINNIC BLVD</u> City: <u>MILWAUKEE</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)	Email <u>jgolec</u> Phone <u>(414)</u>

Certification of Circulator

I, Mark Pelzek, (certify): I reside at 6312 S. 20th St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

January, 13, 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
#000426

Circulators,
Please include your co
Phone
(414)
Email
mpelze

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Dave Stelske	David Stelske	Street: 4549 5023 Apt 2 City: Milwauis Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	1/16/2012 (Month) (Day) (Year)	Email Phone ()
2. FRANK J BALISTRERI	Frank J Balistreri	Street: Sunfield 41 83228 City: 8862 W WATERSIDE RD Zip: 53228	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	1/27/2012 (Month) (Day) (Year)	Email Phone ()
3. CHARLES CANNISTRA	Charles Cannistra	Street: 5722 W Fillmore DR City: WEST ALLIS Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	1/11/2012 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, STEVE R CANNISTRA, (certify): I reside at 8740 W COLDSPRING RD. GREENFIELD WIS
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/12/2012
(Month) (Day) (Year)

Steve R Cannistra
(Signature of Circulator)

Page No. (Official Use Only)
000427

Circulators, please

Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. STEVE R CANNISTRA	<i>Steve R Cannistra</i>	Street: 8740 W Cold Spring Rd City: Greenfield WI Zip: 53228	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)
2. LARRY WISNIEWSKI	<i>Larry Wisniewski</i>	Street: 250 Mary Rose Ct. City: Brookfield WI Zip: 53045	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)
3. Noelle Durrwachter	<i>Noelle Durrwachter</i>	Street: 2837 E Garden Pl. City: Oak Creek WI Zip: 53151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)
4. Julie Ostaszewski	<i>Julie Ostaszewski</i>	Street: 1110 S. 26th St City: Milwaukee WI Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)
5. Kayla leary	<i>Kayla leary</i>	Street: 7722 W Becker City: West Allis WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)
6. MIKE CANNISTA	<i>Mike Cannista</i>	Street: 3710 S 91st City: MILWAUKEE WI Zip: 53228	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)
7. Chris Samolyn	<i>Chris Samolyn</i>	Street: 1627 S. 64th City: West Allis WI Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)
8. Nathan Kennedy	<i>Nathan Kennedy</i>	Street: 12313 W. Oklahoma Ave City: West Allis WI Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)
9. Corey Korth	<i>Corey Korth</i>	Street: 7607 W Waterford Ave #21 City: Milwaukee WI Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)
10. Kelly Cannistra	<i>Kelly Cannistra</i>	Street: 3710 S. 91st St City: Milwaukee WI Zip: 53228	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, STEVE R. CANNISTRA

(certify): I reside at

8740 W COLD SPRING RD

53228 GREENFIELD

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 15 12012
(Month) (Day) (Year)

Steve R Cannistra
(Signature of Circulator)

Page No. (Official Use Only)

000423

Return
Comm
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CONTACT

Email
Phone (414) 3
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Phone ()
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Phone (414) 7
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Phone ()

Circulators, please

Phone 7 (414)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Debra Dean Sign: Deb Dean	Street: N56 W15886 Scott Lane City: Menomonee Falls Zip: 53051	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Menomonee Falls (Municipality Name)	1/11/2012 (Month) (Day) (Year)	Email Celtic Phone (262)
2. Print: LARRY REDLIN Sign: Larry Redlin	Street: W301 S10363 Hillside Dr City: Mukwonago Zip: 53149	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mukwonago (Municipality Name)	1/12/2012 (Month) (Day) (Year)	Email Phone (262) 3
3. Print: Patricia Redlin Sign: Patricia Redlin	Street: W301 S10363 Hillside City: Mukwonago Zip: 53149	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mukwonago (Municipality Name)	1/12/2012 (Month) (Day) (Year)	Email Phone (262)
4. Print: Greg J. Kubly Sign: Greg Kubly	Street: 5102 W 34541 Lower Clark City: Eagle WI Zip: 53119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eagle (Municipality Name)	1/12/2012 (Month) (Day) (Year)	Email Phone (414) 6
5. Print: Andrew Winters Sign: Andrew Winters	Street: W239 58085 Sunset View Dr City: Big Bend Zip: 53103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Vernon (Municipality Name)	01/12/2012 (Month) (Day) (Year)	Email Phone (262) 6

I, Scott Carstens (certify): I reside at 7300 Earl Ave Greendale
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.43(3)(a), Wis. Stats.

1/1/2012
(Month) (Day) (Year)
[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

#000429

Circulators,

Please include your contact

Phone

(414) 9

Email

scott@ic

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>GREGORY A WINTERS</u> Sign: <u>Gregory A Winters</u>	W 239 S 8085 Street: <u>SUNSET VIEW DRIVE</u> City: <u>BIG BEND</u> Zip: <u>53103</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>VERNON</u> (Municipality Name)	<u>1/12/2012</u> (Month) (Day) (Year)	Email: <u>GWIN</u> Phone: <u>GMA</u> (262)
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____ ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____ ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____ ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____ ()

Certification of Circulator

I, Scott Carstens, (certify): I reside at 7300 Earl Ave
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Greendale
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(8)(a), Wis. Stats.

1/12/2012
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

000429B

Circulators,
Please include your contact information

Phone

(414) 9

Email

scott@

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 2
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Heidi</u> Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1</u> / <u>20</u> (Month) (Day) (Year)	Email _____ Phone () _____
2. Print: <u>Todd Statton</u> <u>Earl Statton</u> Sign: _____	Street: <u>1220 market</u> City: <u>La Crosse WI</u> Zip: <u>54601</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>La Crosse</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email _____ Phone (608) _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1</u> / <u>20</u> (Month) (Day) (Year)	Email _____ Phone () _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1</u> / <u>20</u> (Month) (Day) (Year)	Email _____ Phone () _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1</u> / <u>20</u> (Month) (Day) (Year)	Email _____ Phone () _____

Certification of Circulator

I, Vangie Moreno (certify): I reside at W176 57513 Harbor Cir MUSKEGO WI
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 05 / 2011 Vangie Moreno
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

0004304

Circulators,
Please include your

Phone

(262) _____

Email

moreno

401.

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committed
PO Box 25
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>William F. Aas</u> Sign: <u>William F. Aas</u>	Street: <u>W 5840 C.T. HS</u> City: <u>ONALASKA</u> Wis Zip: <u>54650</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ONALASKA</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email Phone (608)
2. Print: <u>Susan J McDaniel</u> Sign: <u>Susan J McDaniel</u>	Street: <u>1740 Gillette Pl</u> City: <u>LACROSSE</u> Zip: <u>54603</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>LACROSSE</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email Phone (608)
3. Print: <u>Heidi Devine</u> Sign: <u>Heidi Devine</u>	Street: <u>413 7th Ave N.</u> City: <u>Onalaska</u> Zip: <u>WI 54650</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Onalaska</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email Phone (608)
4. Print: <u>Gene Wm Gonia</u> Sign: <u>Gene Wm Gonia</u>	Street: <u>2118 Madison</u> City: <u>LaCrosse</u> Zip: <u>54601</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>LaCrosse</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email Phone (608)
5. Print: <u>Diane Bendel</u> Sign: <u>Diane Bendel</u>	Street: <u>3501 State Rd 35 #323</u> City: <u>Onalaska</u> Zip: <u>54650</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Holmen</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email Phone (608)

Certification of Circulator

I, Vangie Moreno (certify): I reside at W176 S7513 Harbor Cir
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MUSKEGO WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 05 2011 Vangie Moreno
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

000430

Circulators,
Please include your c

Phone
(262)
Email
moren
901.c

SCOTT WALKER RECALL PETITION

Scottish Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott in office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Recall Scott W
PO Box 1651
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

2. & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>(Also indicate Town, City or Village)</small>	DATE OF SIGNING	CONTACT
Freddie Watkins Freddie Watkins	2455 West Branch Milwaukee 53005	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Milwaukee (Municipality Name)	11/05/2011 (Month) (Day) (Year)	Email () Phone ()
Joseph Weeder Joseph Weeder	4664 N 31st Milwaukee 53209	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Milwaukee (Municipality Name)	11/25/2011 (Month) (Day) (Year)	Email () Phone ()
Lucretia King Lucretia King	1924 W Cherry St Milwaukee 53205	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee (Municipality Name)	11/26/2011 (Month) (Day) (Year)	Email () Phone ()
William E Johnson William E Johnson	11300 N. Valley Dr. Mequon 53052	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mequon (Municipality Name)	11/28/2011 (Month) (Day) (Year)	Email (262) 23 Phone ()
Denise Mitchell Denise Mitchell	21-21 N and St 108 Milwaukee 53212	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee (Municipality Name)	11/28/2011 (Month) (Day) (Year)	Email () Phone ()

Certification of Circulator

(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Municipality of Circulator)
Ellis Davis 2115 Oak St Milwaukee 53212
I certify: I reside at
11/29/2011 Ellis Davis
(Day) (Year) (Signature of Circulator)

I executed this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder
in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this
recall petition. I am aware that falsifying this certification is punishable under Wisconsin Statutes, Sections 9.42, 13.36(a), Wis. Stat.

Page No. (affix at the only)
000431

Circulators
Please include your contact in
Phone
Email
(414) 3

SCOTT WALKER RECALL PETITION

Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott in office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or the no.</small>	MUNICIPALITY OF RESIDENCE <small>(Also indicate Town, City or Village)</small>	DATE OF SIGNING	CONTACT
KENNETH JACKSON	25604 N 15 th ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	11/25/2011	Email Phone ()
Kenneth Jackson	Mil, Wis 53206	(Municipality Name)	11/25/2011	Email Phone ()
Jogos Honey	32609 N 9 th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/25/2011	Email Phone ()
Jogos Honey	Milwaukee 53212	(Municipality Name)	11/25/2011	Email Phone ()
Doreen Doreen	Milwaukee 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/25/2011	Email Phone ()
Doreen Doreen	Milwaukee 53212	(Municipality Name)	11/25/2011	Email Phone ()
		<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/25/2011	Email Phone ()
		(Municipality Name)	11/25/2011	Email Phone ()
		<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/25/2011	Email Phone ()
		(Municipality Name)	11/25/2011	Email Phone ()

Certification of Circulator

(I Printed Name of Circulator)
I certify: I reside at (Circulator's Residence - Street Name and Number)
4129 12011 (Day) (Year)
Signature of Circulator

(Circulating Municipality)
53212

Page No. (official Use only)
#000432

Return by Jan
Recall Scott W
PO Box 1651
Madison, WI 5

Circulators:
Please include your contact info
Phone
Email
(414) 52

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>David Beck</u> Sign: <u>David Beck</u>	Street: <u>3270 N 94th St</u> City: <u>Milwaukee</u> Zip: <u>53222</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/26/2011</u> (Month) (Day) (Year)	Email <u>dnbeck</u> Phone <u>(920) 2</u>
2. Print: <u>ERNEST Nowacki</u> Sign: <u>Ernest Nowacki</u>	Street: <u>320 S. 82nd St</u> City: <u>MILWAUKEE WIS.</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>11/4/2011</u> (Month) (Day) (Year)	Email Phone <u>(414) 30</u>
3. Print: <u>Anne Marie Wacker</u> Sign: <u>Anne Marie Wacker</u>	Street: <u>326. S. 82nd St</u> City: <u>M. Milwaukee</u> Zip: <u>WI 53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. Print: <u>Rhendi Berth</u> Sign: <u>Rhendi Berth</u>	Street: <u>329 S 82nd St</u> City: <u>Milwaukee</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email <u>rhendi</u> Phone <u>(414) 82</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

I, Anne Marie Wacker (Printed Name of Circulator) certify: I reside at 326 S 82nd St (Circulator's Residence - Street Name and Number) Milwaukee (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012
(Month) (Day) (Year)

Anne Marie Wacker
(Signature of Circulator)

Page No. (Official Use Only)
000433

Circulators,
Please include your contact in

Phone

()

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. MARIA I. GOMEZ	<i>Maria I. Gomez</i>	Street: 3572 SO. 15th St City: MILWAUKEE WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee OP	12/11/2011 (Month) (Day) (Year)
2. John M Burr	<i>John M Burr</i>	Street: 2333 W WINGATE AVE City: GLENDALE Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Glendale OP	12/11/2011 (Month) (Day) (Year)
3. ERMA J. PARKER	<i>Erma J. Parker</i>	Street: 3637 N. 21 City: MILWAUKEE Zip: 53206	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee OP	12/11/2011 (Month) (Day) (Year)
4. Cedric L. Mitchell	<i>Cedric L. Mitchell</i>	Street: 2343 N. 161 St City: WAUWATOSA Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa OP	12/11/2011 (Month) (Day) (Year)
5. Tyree Petty	<i>Tyree Petty</i>	Street: 1629 N. 145 City: MILWAUKEE Zip: 53205	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee OP	12/11/2011 (Month) (Day) (Year)
6. Connie Wilson	<i>Connie Wilson</i>	Street: 1861 Amanda St #2 City: OCONOMOWOC WI Zip: 53066	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oconomowoc OP	01/05/2012 (Month) (Day) (Year)
7. Michael O. Carl	<i>Michael O. Carl</i>	Street: 1861 Amanda St #2 City: OCONOMOWOC WI Zip: 53066	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oconomowoc OP	01/05/2012 (Month) (Day) (Year)
8. Otrice Parker	<i>Otrice Parker</i>	Street: 3637 N 21 Street City: MILWAUKEE Zip: 53206	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee OP	01/10/2012 (Month) (Day) (Year)
9. Mary Quinn	<i>Mary Quinn</i>	Street: N54W15451 Beaver Dr City: MENOMONIE WI Zip: 53051	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menomonie Falls OP	1/10/2012 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Otrice Parker, (certify): I reside at 3637 N. 21 Street Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 10 / 2012
(Month) (Day) (Year)

Otrice Parker
(Signature of Circulator)

Page No. (Official Use Only)
000434

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CONTACT

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Circulators, please

Phone
(4)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Robert G. Noeffler	<i>Robert G. Noeffler</i>	Street: 8675 N. 73 St. City: Milwaukee WI Zip: 53223	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/7/2011 (Month) (Day) (Year)
2. Yang Chang	<i>Yang Chang</i>	Street: 1527 N. 33 St. City: Milwaukee WI Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/07/2011 (Month) (Day) (Year)
3. MAMUN C. THAM	<i>Mamun C. Tham</i>	Street: 4012 N. 85 St. City: Milwaukee WI Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/7/2011 (Month) (Day) (Year)
4. Saenglot Chanmang	<i>Saenglot Chanmang</i>	Street: 5404 N 110 St City: Wauwatosa WI Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	12/07/2011 (Month) (Day) (Year)
5. Kevin Jones	<i>Kevin Jones</i>	Street: 2549 N 14th St City: Milwaukee WI Zip: 53206	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/7/2011 (Month) (Day) (Year)
6. Bounpasong Khounm	<i>Bounpasong Khounm</i>	Street: 909 S 20th St City: Milwaukee WI Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/7/2011 (Month) (Day) (Year)
7. Bridgette Paige	<i>Bridgette Paige</i>	Street: 8501 W. Fairy Chasm Dr. City: Milwaukee WI Zip: 53224	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/7/2011 (Month) (Day) (Year)
8. Andrew Pakaythip	<i>Andrew Pakaythip</i>	Street: 1555 N 15TH ST. City: Milwaukee WI Zip: 53205	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/7/2011 (Month) (Day) (Year)
9. Kong Chang	<i>Kong Chang</i>	Street: 1525 N. 32th ST City: Milwaukee WI Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/07/2011 (Month) (Day) (Year)
10. Malcom Montgomery	<i>Malcom Montgomery</i>	Street: 2848 N. Sherman Blvd City: Milwaukee WI Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/07/2011 (Month) (Day) (Year)

Certification of Circulator

I, Kong Chang (Name of Circulator), (certify): I reside at 1525 N. 32th ST (Circulator's Residence - Street name and Number) Milwaukee (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Kong Chang
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to
Committee
PO Box 2
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING <small>(Month) (Day) (Year)</small>
1. DEBRA TySZKO	Debra TySZKO	Street: 3855 S. 14 ST. City: MILWAUKEE Zip: 53221	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mid WAUKEE	12/12/2011
2. Christine Reith	X	Street: 5790 S. 27th St. City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/12/2011
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
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7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

CONTACT
Email
Phone (414) 67
Email CREITH
Phone (414) 54
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Phone ()
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Certification of Circulator

I, Kathleen Okerlund, (certify): I reside at 2931 S. 57th Street Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012 Kathleen Okerlund
(Month) (Day) (Year) (Signature of Circulator)

000136
(Signature of Circulator Only) #

Circulators, please include

Phone 414
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Mary Lou Young		Street: 7450 N. Pheasant Ln City: River Hills, WI Zip: 53217	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City River Hills	12/02/2011 (Month) (Day) (Year)	Email Phone () ()
2. Lala Miller-Mey		Street: 1152 W 168th St Oak Ridge Twp City: Menomonee Falls Zip: 53051	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Menomonee Falls	12/02/2011 (Month) (Day) (Year)	Email Phone () ()
3. Linda McFerrin		Street: 7602 W. Heather Ave City: Milwaukee Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/02/2011 (Month) (Day) (Year)	Email Phone () ()
4. Anita F. Hill		Street: 3121 N 76th St Apt 1 City: Milw Zip: 53223	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/4/2011 (Month) (Day) (Year)	Email Phone () ()
5. Candice R. Nelson		Street: 2687 N. 56th St City: Milw, WI Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/4/2011 (Month) (Day) (Year)	Email Phone () ()
6. Jarvis Ashley		Street: 3121 N. 76th St. Apt 1 City: Milwaukee Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/03/2012 (Month) (Day) (Year)	Email Phone () ()
7. Jay Reinke		Street: 2512 W Greenfield Ave City: Milwaukee Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/13/2012 (Month) (Day) (Year)	Email Phone () ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone () ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone () ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone () ()

Certification of Circulator

I, Jay Reinke, (Name of Circulator) (certify): I reside at 2512 W. Greenfield Ave. Milwaukee (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committed
PO Box 25
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. GREGORY PELZEK	<i>Gregory Pelzek</i>	Street: 1471 W. GRANADA ST City: MILWAUKEE Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	12/28/2011 (Month) (Day) (Year)
2. CHRISTINE PELZEK	<i>Christine Pelzek</i>	Street: 1471 W. GRANADA ST. City: MILWAUKEE WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/9/2012 (Month) (Day) (Year)
3. MIKE PELZEK	<i>Mike Pelzek</i>	Street: 1511 D. W. Edgerton Ave City: Milw. Zip: 53201	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/9/2012 (Month) (Day) (Year)
4. Denise Leholm	<i>Denise Leholm</i>	Street: 1511 D. W. Edgerton Ave. City: MI. Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/9/2012 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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CONTACT INFORMATION
Email: 65 PELZEK
Phone: (414) 762
Email: Cpelzek
Phone: (414) 762
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Certification of Circulator

I, Mark Pelzek, (certify): I reside at 6312 S. 20th ST. Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

January 1, 13, 2012
(Month) (Day) (Year)

Mark Pelzek
(Signature of Circulator)

000438

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Circulators, please include
Phone: (414)
Email: mpelze

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Natasha Williams	<i>Natasha Williams</i>	Street: 4024 N 61st Apt 2 City: Milwaukee, WI Zip: 53216	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/29/2011 (Month) (Day) (Year)
2. Barry Boatman Jr	<i>Barry Boatman Jr</i>	Street: 5933 N 60th St City: Milwaukee Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/30/2011 (Month) (Day) (Year)
3. Ebonie Jackson	<i>Ebonie Jackson</i>	Street: 7135 W Silver Spring Dr City: Milwaukee Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/30/2011 (Month) (Day) (Year)
4. Seaira Brown	<i>Seaira Brown</i>	Street: 826 N. 14th APT 107 City: Milwaukee Zip: 53233	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/1/2011 (Month) (Day) (Year)
5. Latanya Marshall	<i>Latanya Marshall</i>	Street: 3055 N. Holton Ave City: Milwaukee, WI Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/6/2011 (Month) (Day) (Year)
6. Luethe Winters	<i>Luethe Winters</i>	Street: 6401 W. Florist Ave City: Milwaukee Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/6/2011 (Month) (Day) (Year)
Diane Stacy	<i>Diane Stacy</i>	Street: 2728 N 45th St City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/7/2011 (Month) (Day) (Year)
8. Latasha Robinson	<i>Latasha Robinson</i>	Street: 617 W. Meinecke Ave City: Milwaukee WI Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/7/2011 (Month) (Day) (Year)
9. Betty Ford	<i>Betty Ford</i>	Street: 1936 N. 21st City: Chicago MI Zip: 53205	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/7/2011 (Month) (Day) (Year)
10. Lori Woods	<i>Lori Woods</i>	Street: 2401 North 51 City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/9/2011 (Month) (Day) (Year)

Certification of Circulator

I, Robin M. Lundgren, (certify): I reside at 1943 W. Birch Ct. Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Robin M. Lundgren
(Signature of Circulator)

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CONTACT

Email	<i>Williams@</i>
Phone	(414) 8
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Phone	(414) 4
Email	<i>Ebonie</i>
Phone	(414) 4
Email	<i>Seaira@</i>
Phone	(414) 6
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Phone	(414) 2
Email	<i>reth</i>
Phone	(414) 30
Email	
Phone	(414) 2
Email	<i>Tasha</i>
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Phone	(414) 8

Circulators, please

Phone
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Helen Williams	<i>Helen Williams</i>	Street: 4056 N. 42 City: Milwaukee Zip: 53216	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
2. Vanessa Linton	<i>Vanessa Linton</i>	Street: 916 W Scott City: Milwaukee Zip: 53264	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
3. GWAIN BARNES	<i>Gwain Barnes</i>	Street: 916 W Scott St. City: Milwaukee Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
4. DEVARRO PAINER	<i>Devarro Painer</i>	Street: 6500 N 66th City: Milwaukee Zip: 53223	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MIL	11/20/2011 (Month) (Day) (Year)
5. Venesha Carzon	<i>Venesha Carzon</i>	Street: 5873 N. 41st Street City: Milwaukee Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
6. Chelsie Bie	<i>Chelsie Bie</i>	Street: 3430 N 60th St City: Milwaukee Zip: 53216	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mil	11/20/2011 (Month) (Day) (Year)
7. Nadine Jackson	<i>Nadine Jackson</i>	Street: 3140 N. 25 St City: Milwaukee Zip: 53206	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
8. Kenyatta Bue	<i>Kenyatta Bue</i>	Street: 5403 N. 92nd St City: Milwaukee Zip: 53225	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
9. Tony Winston	<i>Tony Winston</i>	Street: 6062 N 41st City: Milwaukee Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
10. Jessica Jackson	<i>Jessica Jackson</i>	Street: 6062 N 41st City: Milwaukee Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)

Certification of Circulator

I, Robin M. Lundgren, (certify): I reside at 1943 W. Birch Ct. Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012
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Robin M. Lundgren
(Signature of Circulator)

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Email: *H Williams*
Phone: *(414) 833-3333*
Email: *Vanessa Linton*
Phone: *(414) 533-3333*
Email: *Gwain Barnes*
Phone: *()*
Email: *Devarro Painer*
Phone: *(414) 733-3333*
Email: *Venesha Carzon*
Phone: *(414) 533-3333*
Email: *Chelsie Bie*
Phone: *()*
Email: *Nadine Jackson*
Phone: *(414) 533-3333*
Email: *Kenyatta Bue*
Phone: *(414) 433-3333*
Email: *Tony Winston*
Phone: *(414) 533-3333*
Email: *Jessica Jackson*
Phone: *(414) 533-3333*

Circulators, please

Phone: *4*
Email:

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Angela Beckum	[Signature]	Street: 1532 W. Capital Dr City: Milwaukee WI Zip: 53206	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
2. Mia C. McKay	[Signature]	Street: 211 W. North Avenue #9 City: Milwaukee Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
3. Kamillian Carthran	[Signature]	Street: 5873 N. 41st Street City: Milwaukee Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
4. Chloe Carthran	[Signature]	Street: 5873 N. 41st City: Milwaukee Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
5. Nicole Buie	[Signature]	Street: 2867 S. Kinnickinnick Ave City: Milw Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milw	11/20/2011 (Month) (Day) (Year)
6. Eyoma Stewart	[Signature]	Street: 5512 W. Alder Ave City: milw Zip: 53216	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City milw	11/20/2011 (Month) (Day) (Year)
7. Amaryllis Buie	[Signature]	Street: 4627 N. 50th City: milw WI Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City milw	11/20/2011 (Month) (Day) (Year)
8. Shoen Thomas	[Signature]	Street: 5115 N. 50th City: Milw, WI Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milw	11/20/2011 (Month) (Day) (Year)
9. Geriella Raines	[Signature]	Street: 6500 N 66th St. City: Milw WI Zip: 53223	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milw	11/20/2011 (Month) (Day) (Year)
10. iDeno 2 Teat	[Signature]	Street: 5950 West Glenbrook Rd City: Brown Deer Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brown Deer	11/20/2011 (Month) (Day) (Year)

Certification of Circulator

I, Robin M. Lundgren, (certify): I reside at 1943 W. Birch Ct. Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Robin M. Lundgren
(Signature of Circulator)

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Circulators, please

Phone
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. James Hicks Jr	<i>James Hicks Jr</i>	Street: 4520 N. 23rd St City: Milwaukee Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
2. Regina Johnson	<i>Regina Johnson</i>	Street: 4132 Menomonee River Pkwy City: Wauwatosa WI Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
3. CLARA COLLINS	<i>Clara Collins</i>	Street: 4384 N. 29th St City: Milwaukee WI Zip: 53216	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
4. SYLVIA FORBES	<i>Sylvia Forbes</i>	Street: 4468 North 70th Street City: Milwaukee, WI Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
5. Annie Hicks	<i>Annie Hicks</i>	Street: 4520 N. 23rd St City: Milwaukee WI Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
6. Jessie Moore	<i>Jessie Moore</i>	Street: 6931 W. Darien City: Milwaukee WI Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
7. Betty Saffold	<i>Betty Saffold</i>	Street: 1100 W. Birch City: Milwaukee Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
8. Latha R Moore	<i>Latha Moore</i>	Street: 6931 N. Darien St City: Milwaukee WI Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/27/2011 (Month) (Day) (Year)
9. Annie Green	<i>Annie Green</i>	Street: 4140 N. 46th St. City: Milwaukee WI Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/27/2011 (Month) (Day) (Year)
10. WILLIE MAE ROSS	<i>Willie Mae Ross</i>	Street: 4530 N. 30th St City: Milwaukee Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/1/2011 (Month) (Day) (Year)

Certification of Circulator

I, Robin M. Lundgren, (certify): I reside at 1943 W. Birch Ct. Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residence(s) given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Robin M. Lundgren
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. CATHERINE WASHINGTON	Catherine Washington	Street: 5002 N. 23rd Street City: Milwaukee WI Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/19/2011 (Month) (Day) (Year)
2. CLIFTON WASHINGTON	Clifton Washington	Street: 5602 N. 23rd Street City: Milwaukee Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/19/2011 (Month) (Day) (Year)
3. CARLA TEAT	Carla Teat	Street: 5950 W. Glenbrook Rd City: Brown Deer Zip: 53223	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/19/2011 (Month) (Day) (Year)
4. Ashley Belle	Ashley Belle	Street: 2867 S. Kinnickinnic #114 City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/19/2011 (Month) (Day) (Year)
5. DEANNA SCHOLTZ SMITH	Deanna Scholtz Smith	Street: 8619 N. Seneca #117 City: Milwaukee Zip: 53233	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/19/2011 (Month) (Day) (Year)
6. BEATRICE BEE PARKER	Beatrice Bee Parker	Street: 4627 NO 50th St City: Milwaukee Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
7. CYNTHIA HARPER-SCOTT	Cynthia Harper-Scott	Street: 6829 N Seville Ave City: Glendale Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Glendale	11/20/2011 (Month) (Day) (Year)
8. MARY FREEMAN	Mary Freeman	Street: 8544 W. Vilard Ave City: Milwaukee Zip: 53225	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
9. NATASHA SMITH	Natasha Smith	Street: 3701 W. Seneca St City: Milwaukee Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)
10. CARLIN COOPER	Carlin Cooper	Street: 3430 N 60th City: Milwaukee Zip: 53211	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/20/2011 (Month) (Day) (Year)

Certification of Circulator

I, Robin M. Lundgren, (certify): I reside at 1943 W. Birch St. Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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Robin M. Lundgren
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. JONCE PETERSON	[Signature]	Street: 2557 N. GRANT Blvd City: Milwaukee Zip: 53210	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/1/2011 (Month) (Day) (Year)
2. Elvin Peterson, JR	[Signature]	Street: 2557 N. Grant Blvd City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/1/2011 (Month) (Day) (Year)
3. Rhonda Howard	[Signature]	Street: 3612 N 49 St City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/3/2011 (Month) (Day) (Year)
4. Miya Braden	[Signature]	Street: 2035A N. 27th St. City: Milw. W.I. Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/4/2011 (Month) (Day) (Year)
5. Denay Curry	[Signature]	Street: 1315 N. 44th St. City: Milw. W.I. Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/4/2011 (Month) (Day) (Year)
6. Deborah Kramer	[Signature]	Street: 7806 N. 64th Ct City: milw Zip: 53223	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 (Month) (Day) (Year)
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Certification of Circulator

I, Robin M. Lundgren, (certify): I reside at 1943 W. Birch Ct. Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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Robin M. Lundgren
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Sarah Hill	<i>S Hill</i>	Street: 2644 S. Clement Ave City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/21/2011 (Month) (Day) (Year)
2. Emmitt Colbert	<i>Emmitt Colbert</i>	Street: 4401 N. 84th City: Milwaukee Zip: 53225	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/22/2011 (Month) (Day) (Year)
3. ALFRED L. SEUELL	<i>Alfred L. Seuell</i>	Street: 4625 N. 30th Street City: Milwaukee Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/22/2011 (Month) (Day) (Year)
4. LEONARD BETHIN	<i>Leonard Bethin</i>	Street: 2299 N. 36th City: Milwaukee Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/22/2011 (Month) (Day) (Year)
5. Kimberly Johnson	<i>Kimberly Johnson</i>	Street: 975 W Eden Place City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/26/2011 (Month) (Day) (Year)
6. BRADEN, ESTER	<i>Braden, Ester</i>	Street: 617 N 8th ST City: MILWAUKEE Zip: 53233	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/30/2011 (Month) (Day) (Year)
7. MANDY L. BRADEN	<i>Mandy L. Braden</i>	Street: 2557 N. GRANT Blvd City: MILWAUKEE, WI Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/30/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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Certification of Circulator

I, Robin M. Lundgren, (certify): I reside at 1943 W. Birch Ct. Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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Robin M. Lundgren
(Signature of Circulator)

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I, Robin M. Lundgren
(Name of Circulator)

Milwaukee
(Circulator Municipality)

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Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. <u>Laronda Williams</u>	<u>[Signature]</u>	Street: <u>1903 W. MELVINA</u> City: <u>MILWAUKEE</u> Zip: <u>53206</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MILWAUKEE</u>	<u>11/26/2011</u> (Month) (Day) (Year)
2. <u>Jo's Howard</u>	<u>[Signature]</u>	Street: <u>2932 W. BIRCH</u> City: <u>MILWAUKEE</u> Zip: <u>53209</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u>	<u>11/26/2011</u> (Month) (Day) (Year)
3. <u>Alicia Georg</u>	<u>[Signature]</u>	Street: <u>3270A N 12TH</u> City: <u>MILWAUKEE</u> Zip: <u>WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MILWAUKEE</u>	<u>1/26/2012</u> (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)

Certification of Circulator

I, Robin M. Lundgren, (certify): I reside at 1943 W. Birch Ct. MILWAUKEE
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012
(Month) (Day) (Year)

Robin M. Lundgren
(Signature of Circulator)

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Circulators, please
Phone 41
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

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1. CLIFFORD WINKELMAN	<i>Clifford Winkelman</i>	Street: 1371 STATE RD 83 City: HARTFORD WI Zip: 53027	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ERIN	1 / 10 / 2012 (Month) (Day) (Year)
2. LINDA WINKELMAN	<i>Linda Winkelman</i>	Street: 1371 STATE RD 83 City: HARTFORD, WI Zip: 53027	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ERIN	1 / 10 / 2012 (Month) (Day) (Year)
3. Matthew Denzin	<i>Matt Denzin</i>	Street: 3872 North 60th Street City: Milwaukee, WI Zip: 53216	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1 / 10 / 2012 (Month) (Day) (Year)
4. Lanh Nguyen	<i>Lanh Nguyen</i>	Street: N94W20846 Schlei City: Menomonee Falls Zip: 53051	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City M. Falls	1 / 10 / 2012 (Month) (Day) (Year)
5. Patrick J. Bandur	<i>Patrick J. Bandur</i>	Street: 1438 S. PFEIL LN City: New Berlin Zip: 53146	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Berlin	1 / 12 / 2012 (Month) (Day) (Year)
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CONTACT INFORMATION
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Email: Linda6900
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Certification of Circulator

I, Jenisse Volpintesta (Name of Circulator), (certify): I reside at 19442 W Terrace dr (Circulator's Residence - Street name and Number) new Berlin (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Jenisse Volpintesta
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. DURWIN WEBER	<i>Durwin Weber</i>	Street: 2354 South 92 ND ST. City: West Allis Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	11/30/2011 (Month) (Day) (Year)	Email inflight20 Phone ()
2. Kurt Rathkamp	<i>Kurt Rathkamp</i>	Street: W. 1665 Rocky IN. City: SULLIVAN, WI. Zip: 53178	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Concord	12/5/2011 (Month) (Day) (Year)	Email Phone ()
3. Paul Buettner	<i>Paul Buettner</i>	Street: W821 Valley Rd City: Oconomowoc WI Zip: 53066	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Concord	12/7/2011 (Month) (Day) (Year)	Email Phone ()
4. GREG YESKE	<i>Greg Yeske</i>	Street: 26800 LAKEVIEW DR. City: WIND LAKE Zip: 53185	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WIND LAKE	1/11/2012 (Month) (Day) (Year)	Email Phone ()
5. David A. Grycowski	<i>David A. Grycowski</i>	Street: W24556790 MAPLE HILL DR City: Vernon Zip: 53189	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Vernon	1/4/2012 (Month) (Day) (Year)	Email Phone ()
6. Tom murphy	<i>Tom murphy</i>	Street: 314 AppleTree Lane City: Eagle, WI Zip: 53119	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Eagle	1/12/2012 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Daniel Buretta, (certify): I reside at 2231 S. 91ST ST. West Allis
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Daniel Buretta
(Signature of Circulator)

Page No. (Official Use Only)

#000449

Circulators, please include

Phone
()
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>MARY KRUPP</u> Sign: <u>Mary Krupp</u>	Street: <u>4112 N. 83rd ST.</u> City: <u>MILWAUKEE</u> Zip: <u>53222</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Stephan Roselin</u> Sign: <u>Steph Roselin</u>	Street: <u>8203 Portland Ave.</u> City: <u>Wauwatosa</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>12/10/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>NANCY KALBFLEISCH</u> Sign: <u>Nancy Kalbfleisch</u>	Street: <u>8130 PORTLAND AVE</u> City: <u>Wauwatosa</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>1/7/2012</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ /20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ /20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Maria Phelps (certify): I reside at 8202 Portland Ave.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Wauwatosa
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 13 120 12
(Month) (Day) (Year)

Maria Phelps
(Signature of Circulator)

Page No. (Official Use Only)

000459

Circulators.
Please include your contact

Phone
(414) 4
Email